



Connecticut State Medical Society Testimony
Insurance and Real Estate Committee
Senate Bill 202 An Act Concerning Health Insurance Coverage for Telemedicine Services
March 6, 2014

Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), and the American College of Physicians Connecticut Chapter thank you for the opportunity to present this testimony to you today in support of Senate Bill 202 An Act Concerning Health Insurance Coverage for Telemedicine Services.

In general, CSMS supports the concept of reimbursement for telemedicine services provided for the benefit of patient access to medical care. Increasingly, within the transformation of our health care system and with the advent of new technologies, physicians are spending more time providing services to patients outside of the traditional face to face encounter in the office setting. Unfortunately, in the past state agencies and health insurers have not provided just compensation, if at all, for these services that, de facto, have resulted in limiting if not eliminating the use of a cost effective option for care delivery in Connecticut. To that extent, we support the intent of Senate Bill 202.

However, several issues of concern must be raised and addressed in order to ensure the proper coverage of telemedicine services when they are in the best interest of a patient and proscribed by the treating physician. First, statute currently and appropriately requires any physician providing telemedicine services to hold a Connecticut license through the Department of Public Health (DPH). Obviously, this would extend to the coverage requirements of the bill and make sense because of the standards of practice and care that are in place in Connecticut that may not be as rigorous or specific elsewhere. However, should the use of telemedicine services for medical care in Connecticut proliferate, it is foreseeable that a significant amount of medical services be provided by physicians licensed in the state, but with no connection to the state or tie to our communities- both in terms of patients and their treating local physicians. Shifting a significant amount of medical care out of state, and even out of country, is not in the best interest of the Connecticut's economy or health care delivery system, and could result in further access barriers to the patients of Connecticut. As we all work hard to try to encourage newly trained physicians to come to Connecticut, as well as retain those presently practicing or receiving training in Connecticut, what message does it send that we allow the proliferation of care provided from outside of the state for our patients? If nothing else, we want to highlight that the need and demand for in state care is great and will support more well trained and qualified physicians in primary care as well as medical specialty areas of clinical focus.

The use of out of state resources for the provision of telemedicine services also raises questions how it may or rather would impact the existing physician patient relationship associated with the

provision of medical care in Connecticut. First, will insurers require that an established physician patient relationship exist to be eligible for such coverage? Will there have had to be a face to face care episode first for patients, especially patients with chronic conditions that require additional care management and care coordination at the local level? . What kind of parameters will exist for follow up care and the continuity of care if telemedicine is employed? Will there be a requirement that every third or fourth visit be face to face in person to make sure that the care modality or treatment regimen is both being followed and effective in treating the medical condition identified? Telemedicine services should be seen as an adjunct to comprehensive, integrated care, not a substitute. There is already a concern that the electronic medical record has taken away from patient communications and patient care. How will telemedicine services fit in and work so that the patient is not further removed from the physician and the evaluation of the treatment plan?

The final areas of concern are related to care location and billing. It is unclear from the language in the bill whether it is intended for services to be provided to patients in a home or office setting or simply another, remote care facility that would presume to have a connection, maybe even a contract or employment arrangement with the physician providing telemedicine services. Could a patient simply sign onto their computer from their home and receive these services or would and should other clinical and care professionals be included in the telemedicine episode so that the patient has some local evaluation and if necessary medical care? Also, if medical care is to be provided at a remote care site, who would be responsible for the appropriate billing for services, the physician providing remote services or the facility in which the patient was located when receiving services? More specifically, how will in network and out of network situations work if the telemedicine physician is remote and in another state while the patient is at a health care facility in state and in network? Who is billing, who is identified as the physician providing the service, is an authorization or prior authorization required?

Coverage for telemedicine services must be integrated in to the current and evolving health care delivery and payment system in Connecticut. Telemedicine services can offer a cost effective and efficient manner for the provision of necessary and timely care when it can be done safely through indirect patient care with appropriate communication services that offer patient privacy, security and confidentiality protections. However, its use must be clearly defined and in the best interest of patients and the physicians of Connecticut who provide their care. We do not want any disincentive for physicians to remain in practice in Connecticut or come to this great state to provide patient care services, and we don't want a subset of patients, whether that subset is defined by geography, condition or socioeconomic status (income), to receive one level or form of patient care and other segments receiving more direct and face to face medical care. The last thing we want to do in Connecticut is further bifurcate the health care delivery system and more specifically access to medical care services provided by well trained and experienced physicians.